

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner [Name (Fst, M, Lst) & Social Security No.]

☐ IV-D Non Public Assistance☐ IV-D Non PA Medicaid☐ Full Services

Respondent [Name (Fst, M, Lst), Social Security No. & Address]

☐ Medical Services Only☐ IV-D Public Assistance☐ IV-E Foster Care (IV-D Case)☐ Non-IV-D

File Stamp

To: (Agency/Tribunal Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Initiating Jurisdiction ☐ URESA ☐ UIFSA

State with Continuing Exclusive Jurisdiction (CEJ) _____

Response Needed by _____ (Date)

I. Action1. ☐ Provide/Obtain Copies of Documentation☐ Certified Copies of Orders☐ Financial Statement☐ Payment Records☐ Other _____2. ☐ Provide Assistance with Service of Process (See Attached)3. ☐ Provide Assistance with Genetic Testing (See Attached)4. ☐ Obtain Answers for Interrogatories (See Attached)5. ☐ Provide Assistance with Teleconference for Hearing or Deposition (See Attached)6. ☐ Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)7. ☐ Obtain Party Signature on Attached Form (See Attached)8. ☐ Other: _____

Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information_____
Date_____
Initiating Contact Person (Print or Type)

(_____) _____

Telephone Number & Extension

(_____) _____

Fax Number

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ACKNOWLEDGMENTS To be Completed by Responding Agency and Returned to Initiating Agency

☐ Request Received and No Additional Information is Necessary

☐ Additional Information Needed (See Remarks)

☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date

Person Completing Form (Print or Type)

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Telephone Number & Extension

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Fax Number